

Health Care Without Harm Europe

Reducing pollution and the use of toxic substances in European hospitals

2007 Annual Report



Letter from the Board

Two events in 2007 leave the Board of Health Care Without Harm Europe with two major challenges for the upcoming year. Firstly, Dr Cesta Hrdinka, Executive Director of HCWH Europe since its inception six years ago, has left the organisation to accept a senior post at the Ministry for the Environment in the Czech Republic. Hana Pernicova and Karolina Brabcova are also leaving HCWH Europe.

Secondly, new rules around EU funding mean it is no longer possible for HCWHE to regrant money from this source to members. Combined with insufficient capacity to secure and administer these grants, HCWH Europe has not applied for any EU grants for 2008 work. Although HCWHE is not currently in a position to provide direct financial support to its members, the organisation is still very much a going concern.

The Board is pleased to announce that Jamie Page, our Good Practice Working Group Coordinator, has at our request stepped up to be Executive Director. Jamie's responsibilities during 2008 will be restructuring HCWH Europe to:

- Take into account the departure of the Czech speaking staff and the implications that has for the office being based in Prague
- Practice tight budgetary control
- Focus on key areas and countries
- Manage the organisation with restricted number of staff
- Develop our work programmes in the context of restricted access to the EU funds which have helped us grow in the last two years.

His experience in multinational healthcare organisations in both the private and non-profit sectors, coupled with his pragmatic approach and sense of strategy, make him ideally suited for the challenges ahead.

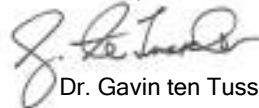
We wish to extend heartfelt gratitude to all three staff leaving at the end of this year. Cesta bears much responsibility for the fact that HCWHE today is strong enough to ride out a transition period that would sink many other organisations. Karolina has been the driving force behind many of HCWHE's activities and events and will be sorely missed as she goes on maternity leave. Hana has enriched our strategic insight and been fundamental in mapping a path which will steer HCWH Europe through its current challenges.

We are privileged to have been able to work with such fine people and wish them every success for the future, while eagerly anticipating the new ideas and enthusiasm Jamie Page and Paul Whaley bring as the new management team.

Much has happened during 2007, presenting us with new challenges, but also with new possibilities. We would like to thank you, our partners, for your enthusiasm and support, and we look forward to a continued fruitful working relationship.

On behalf of the Board

Yours sincerely,



Dr. Gavin ten Tusscher, Chairman



HCWH Europe staff and members at the 2007 AGM

Mission and Goals of HCWH Europe

Health Care Without Harm is a global coalition of more than 450 groups in 55 countries. We are working together to transform the healthcare industry so that, without compromising patient safety or care, it is ecologically sustainable and no longer a source of harm to people and the environment.

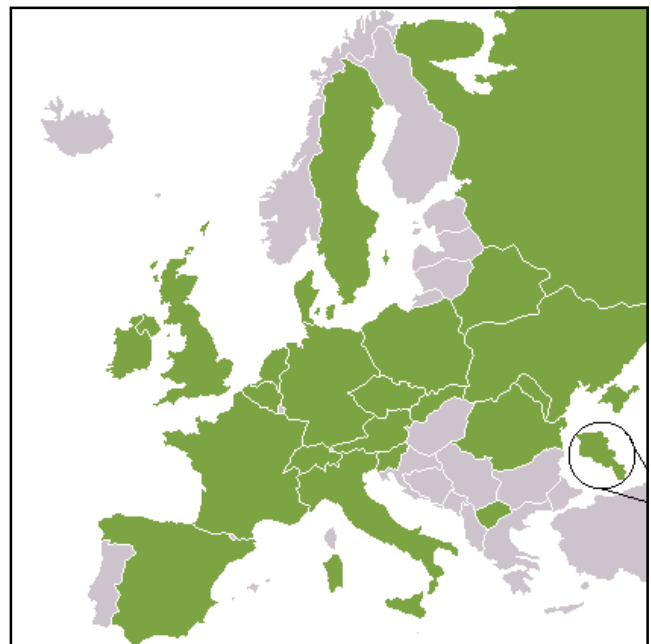
Our membership is diverse, including hospitals and health-care systems, medical and nursing professionals, community groups, health-affected constituencies, labour unions, and environment and health organisations.

We have forged successful partnerships with global bodies including the United Nations Development Program and the World Health Organisation, national unions such as the Royal College of Nursing, major NGOs such as Friends of the Earth Germany, and regional health authorities such as Stockholm County Council, Sweden.

By working with diverse constituencies from around the world, we are achieving the following:

- Creating markets and policies for safer products, materials and chemicals used in healthcare while promoting safer substitutes, including products that avoid mercury, PVC and brominated flame retardants.
- Eliminating incineration of medical waste, minimising the amount and toxicity of all waste generated, and promoting safer waste treatment practices.
- Transforming the design, construction and operation of healthcare facilities to minimise their environmental impact and foster healthy, healing environments.
- Encouraging food purchasing systems that support sustainable food production and distribution, and providing healthy food on-site at a healthcare facilities.

- Securing a safe and healthy workplace for all health-care workers.
- Ensuring patients, workers and communities have full access to information about chemicals used in health-care and can participate in decisions about chemical exposures.
- Promoting human rights and environmental justice for communities affected by the healthcare industry, while assuring that problems are not displaced from one community to another.



Countries marked in green have members in HCWH Europe

A Brief History of Health Care Without Harm

In 1994 the US Environmental Protection Agency discovered that medical waste incinerators were responsible for 40% of total dioxin pollution in the US. Shocked that hospitals could be doing so much harm to human health and the environment, a group of environmental and health organisations got together to tackle the problem. In 1996 a new type of organisation was born.

By 1999 Health Care Without Harm was looking to expand into Europe. A number of environmental groups began cooperating to lay the path for formal establishment of HCWH Europe as an organisation in 2003, when it was registered in the Netherlands and then the Czech Republic.

Today, HCWH Europe has over 60 members in 23 European countries. Member organisations include Stockholm County Council and Karolinska University Hospital (Sweden), the Royal College of Nursing, Vienna Hospital Association (Austria) and the International Society of Doctors for the Environment.

Although HCWH Europe has full constitutional autonomy from other HCWH offices around the world, it is tightly integrated into the global campaign. The office is developing an important role not only in improving the environmental profile of European healthcare, but in placing the EU at the forefront of environmentally responsible healthcare.

Developments in 2007

Safer materials in medical devices

Several years of hard work at the EU level on toxic substances in medical devices passed a number of milestones in 2007. Some results were positive, others less so. Significantly, 2007 became the year when the EU SCENIHR Committee published its opinion on DEHP: they found the weight of evidence about potential harm from use in medical devices to be a cause of concern - something HCWH has been concerned about for years.



Preparing for 2007 mercury legislation. HCWHE worked with Brussels-based environmental health association HEAL on "Halting the Child Brain Drain" - a comprehensive report and set of factsheets on use, hazards and alternatives to mercury products. We launched the report with three MEPs

In spite of that statement the final report was ultimately disappointing. Not only was it significantly watered-down between the draft put forward for public comment and the final version, DG Enterprise also restricted the Committee to only examining alternative plasticisers to DEHP. Alternative plastics which don't need plasticisers fell outside the scope of the inquiry. This prevented the Committee from making recommendations about substituting alternative plastics for DEHP-softened devices.

Our frustration with SCENIHR was mitigated by legislation requiring medical devices containing carcinogenic, mutagenic and reprotoxic substances (CMRs) to be labelled as such. We are pleased to have created an opportunity for doctors, nurses and patients to become informed

about their choice of device at point of use. Next year we will be involved in discussions about how labelling will be implemented, pushing for information to be clearly displayed on the device and not just on a sheet of paper in a box of equipment.

Our outstanding achievement in Brussels was agreement on a ban on the sale of mercury thermometers in the EU - healthcare use included. As part of the Zero Mercury Coalition we have been pushing for an end to use of mercury blood pressure devices as well. However, the Commission was not confident that alternatives are available enough in all EU countries for an immediate ban to be feasible. Compromise was reached on a review of availability, to be completed in 2008, and a review of the legislation timetabled for 2009.

Our work on the Export ban was not quite so successful. Although ending the export of liquid mercury is a step forward, we wanted more ambitious legislation to protect non-EU countries from mercury exported in compounds and medical devices. Although letters from a number of HCWH members from outside Europe contributed to Parliamentary support for an export ban on mercury measuring devices, inclusion was ultimately overruled by the European Council.

Unavailable? We often hear it is impossible to go PVC-free because "the alternatives don't exist". In fact, our brief survey of what is available in a few countries found dozens of manufacturers and hundreds of devices. The survey has generated so much interest that we are looking at expanding it in future.

Device	Manufacturer	Country	Material	Notes
Infusion sets
...

Selected Member Activities: Arnika, CNIID and Friends of the Earth Slovakia sent translations of HCWHE comments on the Medical Devices Directive to MEPs, healthcare professionals and regulatory authorities. The organisations also translated and distributed press releases and nationally-relevant portions of our PVC-Free Alternatives Inventory. Arnika secured the support of the Czech Patients' Association for HCWHE's position on the use of phthalates in medical devices.

BUND (Friends of the Earth Germany), CNIID, Arnika and Friends of the Earth Slovakia translated our mercury hair test results into local languages. Arnika organised a press conference in Prague with a prominent Green Party MP which secured television coverage and contributed to articles appearing in a weekly supplement to one of the country's top-selling broadsheet newspapers.

BUND adapted a HCWHE factsheet on phasing out PVC medical devices to the German situation, integrating a pledge to allow hospitals to show their commitment to phasing out PVC. In Austria, INGES worked with the Upper Austrian Hospital Association on PVC phase-out, and has been persuading the Styrian Hospital Association, which has some track record of success in this area, to also adopt a formal policy.

Green Purchasing Standards and Eco-Labels

As environmental issues move up the agenda in health-care, there is growing interest in the contribution which eco-labels and uniform purchasing standards can make to meeting green benchmarks. Eco-labels help hospitals by providing a transparent benchmark for product quality while uniform purchasing standards are believed to increase cost-neutral availability of environmentally-preferable products.

Eco-labels

One particular breakthrough to which HCWHE contributed in 2007 was development of Nordic Swan eco-label criteria for medical devices - the first time an eco-label has been proposed for this purpose. To qualify, a device must be free from CMRs, endocrine disruptors and allergens; nor can it contribute to toxic waste emissions. Neither PVC devices nor those softened with DEHP meet the proposed standard.



We also contributed to the proposed EU guidelines on environmental criteria for purchasing laboratory and medical devices, by putting together a set of scientific studies to help ICLEI (a key stakeholder in the process) make their case to the European Commission for high standards. In other work we provided comments on Swedish EKU green procurement criteria and supported the European Environment Bureau on excluding PVC from the EU eco-label for furniture.

Green Procurement

We started our own work on increasing the number of hospitals using green criteria in their purchasing processes. We held two meetings in Austria to explore how coordinated procurement and uniform purchasing standards might be implemented in Europe. Attendees included, among others: Kaiser Permanente, the largest US non-profit healthcare system (nine million patients); Vienna Hospital Association; Karolinska University Hospital; OLVG Hospital Amsterdam; and the Chairman of the National Healthcare Procurement Network, Sweden.

In terms of feasibility of an internationally-coordinated green procurement programme, we learned that the factors which determine chances for success of green purchasing programmes vary enormously from one country to the next. Especially important are political and executive support for green purchasing. Contrasting the UK with progress in Austria and Sweden shows without this it is very difficult to get any movement at all.

Other factors making trans-national coordinated procurement extremely difficult to achieve include disparities in development of green programmes, lack of coordination even at the national level, and resistance to approaches

developed and tested elsewhere. This indicates that different countries require significantly different strategies. Work will have to begin at different start-points and can be expected to progress at different speeds.

From our work in 2007 we have concluded it is most effective to support organisations working at the national level to implement green procurement standards in hospitals, rather than attempt to implement trans-national coordination. The theory is supported by success we have seen over the past few years with this approach in Austria, Slovakia, Czech Republic and France. This is the direction HCWHE will proceed in future.



Procurement Memorandum. Although international coordination is unrealistic, it is still helpful to show a groundswell of support for green procurement initiatives. A green procurement memorandum is one way to unite the efforts. The "Vienna Declaration" was drawn up with the healthcare and NGO representatives at our second multinational purchasing meeting in 2007. Organisations providing input included Karolinska University Hospital and Vienna Hospital Association. We also published the first English translation of OekoKauf, the City of Vienna's green purchasing toolkit and distributed it electronically to our members and partners.

Member Activities (Continued): Arnika, FoE Slovakia and BUND organised similar events. Arnika began working with a new hospital, Havlickuv Brod, on phasing out PVC. The hospital begins with an audit of devices. A second Czech hospital in Louny has moved on to substitution, while two further hospitals have introduced PVC-free flooring.

Vienna Hospital Association hosted our Green Procurement meetings, attended by Karolinska University Hospital, Kaiser Permanente (US) and others. The represented healthcare providers worked together on a Green Procurement Declaration, setting out the standards for a quality procurement programme.

Armenian Women for Health and a Healthy Environment (AWHHE) ran five meetings on mercury-free healthcare. The Ministry of Health and other national healthcare authorities attended. AWHHE also ran two pilot projects on mercury thermometer phase out in one large hospital, a polyclinic, and four village out-patient clinics. AWHHE translated our mercury factsheets to support their work.

Minimisation and safe disposal of medical waste

In 2007 work began on the EU Waste Framework Directive (WFD), which would have significant influence on how much hospital waste will in future be incinerated. We worked closely with GAIA against two proposals likely to be particularly damaging to safe and sensible management of EU waste: namely, to reduce the waste hierarchy from five steps to three, and to reclassify some incinerators as disposal operations. Our goal is to ensure EU waste laws encourage efficient use of resources and minimise pollution from waste disposal.

We published a factsheet, successfully introducing new concerns about small particulate pollution into the debate about the desirability of incineration. We coordinated with the European Environment Bureau and Friends of the Earth on holding an educational seminar for MEPs and meeting representatives of the European Commission, and worked with activists in Spain, Slovakia, France and Italy.

The EU Parliament Environment Committee generally responded well to our input into the process, voting for improved recycling programs, preservation of the five-step



Recycling? Probably not.

hierarchy, and preventing reclassification of incinerators as energy recovery facilities. The chief obstacles remain the WFD Rapporteur, who favours incineration, and the European Council, whom we expect to oppose the Parliament's ambitious proposals.

Outreach activities included a presentation at a major Spanish symposium, at which several hospitals expressed interest in joining HCWHE, and discussions with the UK Royal College of Nursing about starting waste minimisation projects. We also regranted to four members to support waste minimisation and energy efficiency projects in Slovakia, Armenia, Moldova and Belarus. These involved meetings between NGOs and state authorities, and staff training programmes plus the booklets, leaflets and toolkits to support them.

On the matter of waste segregation and minimisation in hospitals, we see a similar situation as with purchasing. The scale of the challenge varies tremendously from country to country (we often see the best work in Central and Eastern Europe), while the desire for effective waste management in a hospital is dependent on awareness of the size of the problem among executive staff and politicians, and the effectiveness of managerial structures behind this kind of program.



Waste segregation: One of the great things about waste segregation is it can achieve impressive savings, significantly increase the amount of recycling while reducing the need for incineration, without costing a great deal. The picture above shows the technical equipment. The rest is down to training and management.

Healthy Food in Healthcare

This project, funded by the King Baudouin Foundation, was our first foray into food work in hospitals. We worked with Martin Cottingham, formerly Marketing Director of the UK Soil Association, on a report and set of factsheets about how fresher, tastier, healthier food can be served to patients, even within the tight constraints of hospital budgets.

Drawing on case studies from seven countries the report produced strategic recommendations, actionable by organisations operating at both EU and national level, for stimulating uptake of organic food in healthcare. These include development of supplier directories to fill capacity gaps for finding sources of organic food, and standardised training and tools to mitigate the expense and opportunity

cost of hospitals having to develop these for themselves. The factsheets were translated into four languages and distributed among HCWHE members and partners.



Growth and Development

Financial Challenges

2007 was the second year we received a substantial grant from the EU. Disappointingly, this looks set to be the last for some time as a rule-change means it is no longer possible for grant recipients to re-grant to other organisations. This hits Associations such as HCWHE particularly hard because we work through our members, employing only a small secretariat and not sufficiently staffed to apply for and administer large EU grants.

We are therefore faced with a drastic cut in current and prospective funding and a major challenge to us going into 2008. Nonetheless, our procurement research demonstrated that some degree of restructuring was necessary, especially in terms of providing closer support to members working at the national level. Restructuring at any time would have carried its own costs and required less programmatic work; to restructure while under necessary financial constraints has its advantage, even if we were unable to choose the timing.

Growth

Two organisations joined HCWHE in 2007: C2DS (Committee for Sustainable Development in Healthcare, France) and Ecobaby Foundation (Netherlands). We re-granted to BUND (Friends of the Earth Germany) to engage hospitals in PVC work, but this proved more challenging than we expected. It is difficult for NGOs to engage the healthcare sector, and BUND has produced a report listing contacts and advising on next steps so we are in a position to move forward.

New Executive Director

Restructuring the Association to open up new financial opportunities and provide closer support to Members will be the main responsibility of the new Executive Director Mr Jamie Page, previously Good Practice Working Group Coordinator. Jamie is well-positioned for the role, with three years experience working for HCWHE in the UK and a background in both healthcare and senior management in several multinational pharmaceutical companies.



Professional communication. HCWH Europe publishes a unique e-newsletter covering environmental issues in healthcare. To continue standing out in an increasingly crowded medium, we have broadened content, redesigned the email bulletin and introduced professional email analytics. These measures are helping maintain open and click-through rates which far exceed industry benchmarks.

Modifications to our website were featured in a Nielsen-Norman Group report about good examples of usability in design.

We also redesigned our printed materials and powerpoint slides for a more professional and engaging look, to create the best possible initial impression of our work. Redevelopment of our website is under way, due for completion in 2008.

Financial Donations

HCWH Europe is very grateful for the support of the following organisations:

Health Care Without Harm

1901 N. Moore Street, Suite 509, Arlington, VA 22209, USA

King Baudouin Foundation

King Baudouin Foundation, Rue Brederodestraat 21, B-1000 Brussels, Belgium

Global Greengrants Fund

2840 Wilderness Place, Suite A, Boulder, CO 80301, USA

Ecology Center

2530 San Pablo Avenue (near Dwight Way), Berkeley, CA 94702, USA

European Commission Environment DG

Beaulieu 5, Avenue de Beaulieu, 5, 1160 - Auderghem

Composition of the Board

C. Vyvyan Howard MB. ChB. PhD. FRCPath

Vyvyan is a medically-qualified toxico-pathologist and the leader of the Bioimaging Research Group (BRG) at the Centre for Molecular Bioscience at the University of Ulster in the UK.

Through his research he became concerned about the potentially synergistic effects of the mixtures of pollutants to which we are daily exposed. In recent years he has become involved in researching the toxicological properties of nano-particles. He has co-edited a book on endocrine disrupters.

Dr. Åke Wennmalm, PhD

Åke is Environmental Director of Stockholm County Council, Sweden, and a Professor of Clinical Physiology. He is active in implementing clean and environmentally-friendly practices in the hospitals of Stockholm County, focusing on green purchasing and management of pharmaceutical drug residues from public health institutions.

Dr. Gavin ten Tusscher, MD, PhD

Gavin is a consultant paediatrician at the Department of Paediatrics and Neonatology of the Westfriesgasthuis, Hoorn, the Netherlands. He works as a paediatrician in a 500-bed hospital with large out-patient clinic.

His Ph.D. thesis (2002) was on the later childhood health effects of perinatal exposure to background levels of dioxins in the Netherlands. He continues to do research on paediatric environmental health issues and regularly lectures, publishes in peer-reviewed medical journals, and teaches and trains medical students and junior doctors.

Anja Leetz

Anja created and coordinated “Chemical Reaction” - a Brussels-based cooperative project between the European Environmental Bureau (EEB), Friends of the Earth Europe (FoEE) and Greenpeace. The project’s goal was to activate the European public on chemical issues.

Since January 2007 Anja has been fundraising for Friends of the Earth Europe. She has extensive experience in the environmental movement and NGO work. She has also worked as a freelance photographer in London.

Staff

Dr. Čestmir Hrdinka	<i>Executive Director</i>
Hana Pernicová	<i>Associate Director</i>
Karolina Ružičková	<i>Safer Materials Working Group Coordinator</i>
Jamie Page	<i>Good Practice Working Group Coordinator</i>
Pawel Gluszynski	<i>Waste Working Group Coordinator</i>
Lisette van Vliet	<i>Brussels Policy Advisor</i>
Joan Marc Simon	<i>Waste Policy Advisor</i>
Paul Whaley	<i>Campaign Support Staff</i>

List of Members

Name of Organisation	Country
Armenian Women for Health and a Healthy Environment (AWHHE)	Armenia
Women for Green Way for Generations	Armenia
ETA Umweltmanagement GmbH	Austria
Otto Wagner Hospital Centre of Social Medicine	Austria
The Institute for Sustainable Healthcare (INGES)	Austria
Vienna Health Care Institutions Association (KAV)	Austria
Foundation for Realisation of Ideas	Belarus
IPA Ecosphere	Belarus
Belgian Platform Environment and Health	Belgium
International Chemical Secretariat	Belgium
ARNIKA Association	Czech Republic
Ecological Council	Denmark
Endometriose Foundation	Denmark
Gentofte County Hospital	Denmark
Sonderborg Hospital	Denmark
Sygehus Nord Health Care Institutions - Nykobing Thisted	Denmark
The Health Care Institutions Services of Aarhus County	Denmark
Association of Independent Doctors for the Environment and Public Health	France
Committee for Environmental Health	France
C2DS - Committee for Sustainable Development in Healthcare	France
National Centre for Independent Information on Waste (CNIID)	France

List of Members (continued)

Name of Organisation	Country
BUND - Friends of the Earth Germany	Germany
European Institute for Transfer of Technology, Info Management and Communication (ETIK)	Germany
Institute for Environmental Medicine and Health Care, Freiburg	Germany
Irish Doctor's Environmental Association (IDEA)	Ireland
Organisation for Ecologically Sustainable Waste Management	Ireland
ALERR	Italy
Central Clinic of Colle Cesarano	Italy
Ecobaby Foundation	Netherlands
Mother Earth Foundation	Netherlands
Waste and Environment Foundation	Netherlands
Women In Europe for a Common Future	Netherlands
Waste Prevention Association 3R	Poland
Macedonian Association of Doctors for the Environment MADE	Republic of Macedonia
Cleaner Production and Energy Efficiency Center	Republic of Moldova
Life Youth Foundation	Romania
Baikal Environmental Wave	Russia
Kaliningrad Children and Youth Invalids (NGO "Maria")	Russia
Friends of the Earth Slovakia	Slovakia
Slovenian Clean Production and Right-to-Know Action Club	Slovenia
Children's Health Care Institutions University	Spain
Consultants for Sustainable Development	Sweden
County Council of Sörmland	Sweden

List of Members (continued)

Name of Organisation	Country
Jegrelius Research Centre	Sweden
Karolinska University Health Care Institutions	Sweden
Malmö University Health Care Institutions MAS	Sweden
Stockholm County Council	Sweden
Swedish Doctors for the Environment	Sweden
Uppsala University Departments of Clinical Microbiology and Earth Sciences	Sweden
International Council of Nurses	Switzerland
International Society of Doctors for the Environment	Switzerland
Physicians for the Environment Switzerland, AefU	Switzerland
Schelker Environmental Consulting	Switzerland
Swiss Health Care Institutions Association, H+ The Health Care Institutionss of Switzerland	Switzerland
British Society for Ecological Medicine	UK
Cancer Prevention and Education Society	UK
Communities Against Toxics	UK
Medact - ISDE UK	UK
Royal College of Nursing RCN	UK
Soil Association	UK
International Society of Doctors for the Environment Ukraine	Ukraine
MAMA-86-Kharkov	Ukraine

Profit and Loss Accounts

<i>Exchange Rate</i>	2007		2006	
	26.62		27.50	
BALANCE SHEET	CZK	EUR	CZK	EUR
Total Assets	6,856,315.00	257,562.55	1,652,240.00	60,092.38
Fixed Assets	25,263.00	949.02	42,923.00	1,561.12
Tangible Fixed Assets	44,149.00	1,658.49	44149	1605.71
Accummulated Depreciation	-18,886.00	-709.47	-1226	-44.59
Current Assets	6,831,052.00	256,613.52	1,609,317.00	58,531.26
Receivables	48,447.00	1,819.95	65479	2381.49
Financial Assets	6,303,684.00	236,802.55	1496293	54420.55
Other Assets	478,921.00	17,991.02	47545	1729.22
Total Liabilities	6,856,315.00	257,562.55	1,652,240.00	60,092.38
Equity	3,423,886.00	128,620.81	513,696.00	18,683.25
Equity	4,109,783.00	154,387.04	513696	18683.25
Profit	-685,897.00	-25,766.23	0	0
Liabilities	3,432,429.00	128,941.74	1,138,544.00	41,409.13
Short-term Liabilities	3,020,759.00	113,477.05	1125675	40941.08
Other Liabilities	411,670.00	15,464.69	12869	468.049
PROFIT AND LOSS ACCOUNT	CZK	EUR	CZK	EUR
Total Costs	13,136,861.00	493,495.91	13,066,574.00	475,234.55
Material Consumption	226,538.00	8,510.07	438321	15941.84
Repair And Maintenance	3,114.00	116.98	6029	219.28
Travel Expenses	162,972.00	6,122.16	390624	14207.09
Representation Expenses	0.00	0.00	38552	1402.15
Other Services	7,559,371.00	283,973.37	5978934	217455.31
Wages And Salaries	1,792,180.00	67,324.57	1275277	46382.14
Legal Social Insurance	634,798.00	23,846.66	450289	16377.12
Exchange Rate Losses	397,019.00	14,914.31	240873	8760.61
Miscellaneous	77,743.00	2,920.47	60732	2208.84
Depreciation	17,660.00	663.41	1226	44.59
Donations And Grants	2,265,466.00	85,103.91	4185717	152235.57
Total Income	12,450,964.00	467,729.68	13,066,574.00	475,234.55
Interest	22,603.00	849.10	17746	645.43
Exchange Rate Gains		0.00	13253	482.01
Use of Funds	2,673,047.00	100,414.99	301641	10970.76
Other Income	24,775.00	930.69	15	0.55
Grants	4,922,727.00	184,925.88	6909264	251291.65
Operational Grant	4,807,812.00	180,609.02	5824655	211844.15
Total Profit/Loss	-685,897.00	-25,766.23	0.00	0.00

Auditor's Report

Opinion

In our opinion, the financial documents of the Association Vereniging Health Care Without Harm Europe as of 31 December 2007 comply with the financial provisions of the agreement #07.0307/2007/S12.480443/SUB/A1, the costs declared are the actual costs and all receipts have been declared.

Auditing Company:

MGI HÁJEK, KOČOVÁ & spol., s. r. o.
having its Registered Office at Praha 6, Jaselská 18,
corporate identification #618 55 120
incorporated in Section C, File #31490 of the Register of Companies lodged with the City Court,
Prague, Certificate of Entry in the Auditing Companies List #127

The Report made in six identical copies has been compiled by:

Ing. Naděžda K o č o v á (Certificate of Entry in the Auditors List #156)



Ing. Petr H á j e k (Certificate of Entry in the Auditors List #140)



Audit Completion Date: March 28, 2008

Enclosures: Financial documents for the EUROPEAN COMMISSION, DG Environment